

California Heart Association desires rheumatic fever to be a reportable disease.

Concerning the definition which Doctor West wishes me to write, I quote the following:

Rheumatic fever is probably due to an infectious agent which causes polyarthritis when it affects the joints, chorea when it attacks the brain, and rheumatic heart disease when it involves the heart. Rheumatic heart disease should be regarded as one of the manifestations of rheumatic fever, not as a complication. Tonsillitis or upper respiratory tract infection often associated with hemolytic streptococci, muscle pains or growing pains, toritollis, purpura, various erythematata and subcutaneous nodules, may be accepted as evidences of rheumatic fever. Especially in childhood the only symptoms indicative of rheumatism may be recurrent attacks of unexplained fever, secondary anemia and a state of poor general health, with lassitude and retarded growth.

These rheumatic manifestations may occur singly or in various combinations, and are of varying duration. The heart is often involved simultaneously with these manifestations or just following them, or evidence of involvement may be lacking for months or years. The heart is, in other cases, the first and apparently the only structure involved, so that rheumatic heart disease may occur without any other manifestation of rheumatic fever.

Rheumatic heart disease may be active or inactive. The term carditis is used loosely to denote acute pericarditis, myocarditis, or endocarditis, separately or in combination.*

Will you please give me your opinion on this before I ask Doctor Kress to give it the desired publicity?

Sincerely yours,

(Signed) AMOS CHRISTIE, M. D.

* Quotation from: *Nomenclature and Criteria for Diagnosis of Diseases of the Heart* by the Criteria Committee of the New York Heart Association, New York, 1939.

Courses for Graduates in Medicine*

STANFORD UNIVERSITY SCHOOL OF MEDICINE
2398 SACRAMENTO STREET
SAN FRANCISCO, CALIFORNIA

July 18, 1941.

To the Editor:

Stanford University School of Medicine announces a series of Postgraduate Courses in Medicine, to be given at the Stanford Medical School in San Francisco, September 8 to 12, 1941, inclusive.

These courses are designed primarily for practicing physicians and are of the review or refresher type. Intensive instruction covering physiology, pathology, diagnostic procedures, as well as therapy, will be given by the Medical School Faculty in each one of the courses offered.

I am enclosing an announcement of the 1941 courses and I hope that you will be able to publish this in CALIFORNIA AND WESTERN MEDICINE.* Thanking you for your cooperation, I remain,

Very truly yours,

(Signed) L. R. CHANDLER, M. D., *Dean*.

Criteria of Death and Signs Indicating Same.

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

July 22, 1941.

To the Editor:—Attached is a copy of an Executive Order of this department entitled *Criteria of Death and Signs Indicating Same* which I thought would be of interest.

Sincerely,

(Signed) J. C. GEIGER, M. D.
Director.

101 Grove Street.

* For program of courses, see under Committee on Postgraduate Activities, on page 98.

(COPY)

Executive Order No. 250

Criteria of Death and Signs Indicating Same

After a conference between the Chief Surgeon of the Emergency Hospital Service of the Department of Public Health and the Coroner, criteria indicating death have been agreed upon. Therefore, the following signs are to be looked for and checked carefully in every case of death in the institutions of the Department of Public Health. It is mandatory that these signs be checked completely in every case in which a patient is pronounced dead.

1.—Cessation of respiration as determined by: (a) The stethoscope against the larynx; (b) Holding a mirror in front of the nose to note condensation of moisture; (c) Movement of air currents against wisps of cotton placed in the nose.

2.—Cessation of heart beat as indicated by testing with the use of a stethoscope placed on the precordium.

3.—Cessation of circulation as evidenced by: (a) Opacity of the hands when held up to a bright light; (b) Failure of a bleb to appear on the skin after direct application of burning heat; (c) Lividity and dependent discoloration.

4.—Loss of body heat.

5.—Rigor mortis.

6.—Coarsening of the texture of the conjunctiva (this is not a perfectly reliable sign and neither is the state of the pupil).

7.—Body decomposition.

J. C. GEIGER, M. D.

Director of Public Health.

Sterilization of Criminals.

To the Editor:—"Birth control, sterilization of criminals and the unfit, and 'mercy killings' demand the 'initiative and direction of medical science' as a means of checking human degeneration."

The above is an utterance of Earnest A. Hooton, professor of anthropology of Harvard University. Mercy killings, or euthanasia as it is scientifically called, is a long way in the offing.

This writer would never give consent to such drastic measures to eliminate the unfit. Every one so unfortunate as to be born into this world with any hereditary degeneracy should receive such care and comfort as is reasonably humane, but common sense teaches that they should not be allowed to bring others into the world to be a misery to themselves and a further burden to society.

The above question is interesting, as it shows the trend of thinking on this all-important subject. It seems strange that so many people, good Christians having the welfare of mankind at heart, will do all they can to relieve the sufferings of these people, but will oppose the most fundamental and practical method of preventing their misery and suffering.

For many years the medical profession devoted all its talents to relieving or curing the physical suffering of mankind, but with advanced knowledge they found prevention better than cure, and as a result preventive medicine has become a very important part of the medical curriculum. When society learns that much degeneracy that now obtains is hereditary and is amenable to prevention as are many diseases, and that an intelligent application of the principles of eugenics will accomplish this, much of the objection now prevailing will disappear.

The church should take the lead in promoting an eugenics program to reduce the number of degenerates in society, and thus formulate a program more in keeping with the principles of the church than is likely to be in a program promoted by those who have no interest in the church. Such a program would not interfere with any philanthropy needed to take care of all the needs of the present, and would reduce the amount of misery and suffering of the next generation, relieve society of a heavy burden, and allow for more effort to be devoted to purely religious matters.

EUGENE H. PITTS, M. D.